

# FAX

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**ATTN.** Dennis G. Bonshock

**Fax Number** 1 703 872 9306

**Phone Number** 571 272 4047

**FROM** Volel Emile, Esq.

**Fax Number** (512) 306-0240

**Phone Number** (512) 306-7969

**SUBJECT** Supplemental Amendment (09/981,878)

**Number of Pages** 12

**Date** 5/17/2005

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## MESSAGE

This Fax communication contains:

1. one copy of a Fax Transmittal Form;
2. two copies of a Fee Transmittal Letter including fee; and
3. one copy of the Supplemental Amendment.

Volel

DOCKET NUMBER: AUS920010860US1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re: Application of: :  
Genty et al. : Before the Examiner:  
 : Dennis G. Bonshock  
Serial No: 09/981,878 :  
 : Group Art Unit: 2173  
Filed: 10/18/2001 :  
 : Confirmation No.: 7330  
Title: APPARATUS AND METHOD OF :  
VISITING BOOKMARKED WEB PAGES :  
WITHOUT OPENING A BOOKMARK FOLDER :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

☐ No additional fee is required  
☒ The fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	21	MINUS	20	=	1	x 50 =	\$ 50.00
Indep.	5	MINUS	4	=	1	x 200 =	\$200.00
1st Presentation of Multiple Dep. Claim						x 360 =	\$ 0.00
TOTAL							\$250.00

☒ Please charge my Deposit Account No. 09-0447 in the amount of \$ 250.00.  
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of the following  
fees associated with this communication or credit any overpayment to  
Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

☒ Any additional fees required under 37 CFR \$1.16 for the presentation  
of extra claims.

☒ Any patent application processing fees under 37 CFR \$1.17.

Respectfully submitted,

By: 

Volel Emile  
Registration No. 39,969  
(512) 306-7969

PTO/SB/21 (02-04)


Approved for use through 07/31/2006. OMB 0651-0031

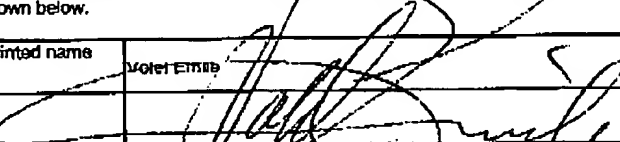
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/081,878
	Filing Date	10/18/2001
	First Named Inventor	Genty et al
	Art Unit	2173
	Examiner Name	Dennis G. Bonehock
	Attorney Docket Number	AUS920010860US1
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Amendment
Remarks Supplemental Amendment.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Volei Emile
Signature	
Date	05/17/2005

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Volei Emile
Signature	
Date	05/17/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.

Appl. No. 09/981,878  
Supplemental Amdt. dated 05/17/2005

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**SUPPLEMENTAL AMENDMENT A**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please amend the above-identified Application as shown  
below and consider the following Remarks.

**A listing of the CLAIMS, including added claims, begins on  
page 2 of this paper.**

**Remarks begin on page 8 of this paper.**

05/18/2005 SDIRETA1 00000005 090447 09981878

01 FC:1202 50.00 DA  
02 FC:1201 200.00 DA

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